1997/98 FORM FAIR POLITICAL PRACTICES COMM

STATEMENT OF ECONOMIC INTERESTS A Public Document

Please type or print in ink

NAME 136 JUNEWOOD COURT, LOT MAILING ADDRESS STREET CITY	DI 95747 (ZU9) 478-1797	
COVER PAGE		
1. Office, Agency, or Court Division, Board, District, if applicable: CITY COUNCIL PERSON Position: If filing an expanded statement list agency/position: (Attach a separate sheet if necessary)	4. Schedule Summary During the reporting period, did you have any reportable interests to disclose on: Schedule A-1 Yes - schedule attached Investments (Less than 12% Ownership) Schedule A-2 Yes - schedule attached Investments (Greater than 10% Ownership) Schedule B Yes - schedule attached Real Property Schedule C Yes - schedule attached Income & Business Positions (Income Other than Loans, Gifts, and Travel) Schedule D Yes - schedule attached	
2. Office Jurisdiction (Cneck one) State County of City of LOD Multi-County Other 3. Type of Statement (Cneck at least one box) Assuming Office/Initial Date:	Schedule D Yes - schedule attached Income - Loans Schedule E Yes - schedule attached Income - Gilts Schedule F Yes - schedule attached Income - Travel Payments No reportable interests Total number of pages (including this cover page):	
(Check ane) Clected Official Appointed Official (includes named is newly nored) Annual (Check ane) The period covered is January 1, 1997 through December 31, 1997. The period covered is/ through December 31, 1997. Leaving Office Date Left:/ through (Check ane) The period covered is January 1, 1997 through the date of leaving office. The period covered is/ through the date of leaving office.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (menth, day) SIGNATURE SIGNATURE SIGNATURE	
Described on 8/7/98	FPPC Form 700 (1997/98 For Technical Assistance: 916/322-566	

Schedule A-2

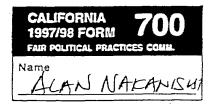
Investments, Income, and Assets of Business Entities/Trusts

1997/98 FORM / UU
FAIR POLITICAL PRACTICES COMM.
Name
ALAN NAKANISH

(Ownership Interest is 10% or Greater)

▶1. BUSINESS ENTITY OR TRUST	➤4. (cont.)
DELTA EYE MEDICAL GROUD INC	Check one box:
1617 SP, MAPK'S PLAZA STOCKTON, CALIF. 95207.	☐ INVESTMENT ☐ REAL PROPERTY
ACCIPSS Check one Trust, go to 2 Business Entity, complete the bas, then go to 2	Name of Business Entry 21 Street Address or Assessor's Parcel Number of Real Property
GENERAL DESCRIPTION OF BUSINESS ACTIVITY MEDICAL PROCIECT	Description of Business Activity 27
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	City or Other Precise Location of Real Property
Over \$100,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Sole Proprietorship Partnership Stockhook	S10,001 - \$100,000
BUSINESS POSITION TRANSPORT	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	Leasehold Yrs. remaining
☐ 50 - 5249 ☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ OVER \$10,000 >3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF \$10,000	Other
OR MORE (struct) a separate charge is recessing)	
	> 4. (cont.) Check one bax:
	INVESTMENT REAL PROPERTY
>4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	Name of Business Entry 22 Street Address or Assessor's Parcel Number of Real Property
Check one box:	
☐ INVESTMENT ☐ REAL PROPERTY	Description of Business Activity 21 City or Other Precise Location of Real Property
Name of Business Entity of	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
Street Address or Assessor's Parcel Number of Real Property	S1,000 - \$10,000
	S10,001 · S100,000
Description of Business Activity 12 City or Other Precise Location of Real Property	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: [\$1,000 - \$10,000	Leasehold
S10,001 - \$100,000	Other
NATURE OF INTEREST	
Property Ownership/Deed of Trust Stock Partnership	
LeaseholdYrs. remaining	Comments:
Other	

Interests in Real Property



	
STREET ADDRESS OR PRECISE LOCATION JAME A	STREET ADDRESS OR PRECISE LOCATION
521 SOUTH HAMELANE	
CITY	CITY
LODI CACR. 95247	:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S1.000 - \$10.000	S1,000 - \$10,000 ,
31,000 \$10,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
100.000 avec \$100.000	Ovar \$100,000
NATURE OF INTEREST	NATURE OF INTEREST
Rental Property Ownership/Deed of Trust Easement	Rental Property Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
Yrs. remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
50 - 5249 5250 - \$1,000 51,001 - \$10,000 Feer \$10,000	S0 - 5249 S250 - \$1,000 S1,001 - \$10,000 Over \$10,0
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest,	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest.
see the instructions for reporting sources of rental income.	see the instructions for reporting sources of rental income,
DELTA BYE MEDICAL GROUP,	
INC.	
NAME OF LENDER	NAME OF LENDER
BANK OR LODI	
ADDRESS	ADDRESS
701 S. HAM LANE, COD!	
9=741	
BUSINESS ACTIVITY OF LENDER	BUSINESS ACTIVITY OF LENDER
Lipinancial Institution	Financial Institution
Other	Other
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
Paime t/2 None 154EARS	
MATURES 6-26-2006	% <u>None</u>
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000	\$250 - \$1,000 \$1,001 - \$10,000 Over.\$10,000
_	
Guarantor, if applicable	Guarantor, if applicable
Check below if another loan is disclosed on Schedule D.	Check below if another loan is disclosed on Schedule D.
Additional loan - refer to Sch. D.	Additional loan - refer to Sch. D.
Comments:	

Income & Business Positions

CALIFORNIA
1997/98 FORM
FAIR POLITICAL PRACTICES COMM.

(Income Other than Loans, Gifts, and Travel Payments)

Name	NACOMOL

➤ NAME OF SOURCE	➤ NAME OF SOURCE
DELTA EYE MEDICA GROUP, INC	
ADDRESS	ADDRESS
SZI S. HAM Ln. SICTE A	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL PRACTICE	
BUSINESS POSITION	BUSINESS POSITION
PAYSICIAN	
THI SICINE	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$250 · \$1,000 ☐ \$1,001 · \$10,000 ☐ \$250 · \$10,000	S250 - \$1,000 S1,001 - \$10,000 Over \$10,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's income Loan repayment	Salary Spouse's income Loan repayment
Sale of(Property, car, ocat, etc.)	Sale of (Property, car, book, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
➤ NAME OF SOURCE	➤ NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS POSITION	BUSINESS POSITION
303233 03014	Beaming to be the state of the
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ 5250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000	3250 - \$1,000 S1,001 - \$10,000 Over \$10,000
	_
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Satary Spouse's income Loan repayment	Salary Spouse's income Loan repayment
Sale of (Property, car, boat, etc.)	Sale of (Property, car, book, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
Comments:	